Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, January 21, 2026

Speaker: Sigrun Watson
Healthcare Specialist, UROSPOT Winnipeg

Topic: "UROSPOT… new technology providing pelvic health treatments once thought impossible"
Learn about this latest technological advance, utilizing HIFEM, promoting post-prostatectomy pelvic health recovery for improved bladder control, sexual health, and quality of life.
(Have your questions answered in the Q&A)

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent, Winnipeg

Time: 7-9 pm

Free Admission Everyone Welcome Plenty of free parking Door Prizes

Thought of The Day

"Hope is a passion for the possible"

Søren Kierkegaard

NHS trials AI prostate cancer tool that could 'massively improve' treatment

Difficulty in assessing disease severity means some men are undergoing invasive procedures

A new study is set to investigate how AI could significantly improve doctors' decisions regarding prostate cancer treatment.

While diagnostic methods for the disease have become safer and more precise, medical professionals still face considerable challenges in accurately assessing its aggressiveness in individual patients.

This difficulty can lead to some men undergoing invasive procedures such as surgery or radiotherapy, when a less aggressive monitoring approach might have been more appropriate.

The crucial Vanguard Path study, spearheaded by researchers at the University of Oxford, is being funded with a £1.9m grant from the charity Prostate Cancer UK to address this vital issue.

(Continued on page 2)

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Experts will first test the technology – called ArteraAI Prostate Biopsy Assay – on prostate biopsy samples from men who have already been diagnosed and treated for the disease and have at least five years of follow-up data.

The study will compare how well the predictions made by the AI tool match what happened to patients in the real world.

It will then be tested in real clinics on biopsies from men as they are diagnosed, with a focus on cases in which doctors find it hard to decide the best course of treatment.

The three NHS organisations taking part are North Bristol NHS Trust, Oxford University Hospitals NHS Foundation Trust, and NHS Greater Glasgow and Clyde.

Professor Clare Verrill, lead researcher on the project, said the trial "will pave the way for advanced AI technologies" to be rolled out on the NHS.

"This will enable more detailed and precise information to be provided to men who will be able to make better-informed decisions with their clinical team about whether they can be safely monitored or need treatment – and, if so, help guide those decisions," she added.

Dr Matthew Hobbs, director of research at Prostate Cancer UK, said: "AI has the potential to massively improve prostate cancer care and make sure that every man has the most accurate and best treatment plan for his specific cancer.

"We've been working with Artera for several years now and I believe that their AI tool is one of the most exciting ones to have been developed. But exciting AI tools can only make a difference if they can be properly evaluated.

"This new project from Professor Verrill and her team is so exciting, because it tests this new technology in real-world settings, meaning we can deliver the final evidence needed for it to be rolled out across the NHS."

Prostate cancer is the most common cancer in males and about one in eight men will have it in their lifetime, according to Prostate Cancer UK.

Some 58,218 men were diagnosed with prostate cancer in England in 2024, up from 53,462 the year before, according to the National Prostate Cancer Audit (NPCA).

Andre Esteva, chief executive and co-founder of Artera, said: "We developed the ArteraAI Prostate Biopsy Assay to help improve the lives of prostate cancer patients and have spent years gathering evidence about its potential impact.

"We're delighted to be working with Professor Verrill and her team to see how the test could be used to maximise benefit for men in the NHS and hope that we will soon see the tool being used to personalise prostate cancer care for men in the UK."

News of the study comes days after it emerged an NHS trial will use AI to interpret MRI scans from men suspected of having prostate cancer.

If the software detects a scan it deems high risk for the disease, it will be sent to radiologists for priority review and the patient will be booked in for a same-day biopsy.

Specialists can then review results and either rule out or diagnose prostate cancer faster.

The pilot will run in 15 hospitals, NHS England said.

By Storm Newton
Monday 03 November 2025

Source: www.independent.co.uk/news/health/prostate-cancer-ai-treatment-diagnosis-nhs-b2857239.html

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available to any community service group interested in learning about and upgrading their knowledge about prostate cancer. If you are part of a group that would like to learn, or review, the important basics that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact any board member to schedule a presentation.
It takes about an hour and allows for active engagement between speaker(s) and audience to explore a variety of interests and concerns. There is no cost for this service. Size of the group doesn't matter, but the more the merrier. You provide the audience and we'll provide the speaker.

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This powerful drug combo cuts prostate cancer deaths by 40%

A powerful new drug combo slashes prostate cancer death rates and redefines how doctors fight recurrence.

Summary:
A new drug combo of enzalutamide and hormone therapy has been shown to extend survival for men with recurring prostate cancer, reducing death risk by over 40%. The study followed more than 1,000 patients worldwide and was led by Cedars-Sinai researchers. Experts call it a game changer that's likely to reshape treatment guidelines for aggressive prostate cancer.

Men whose prostate cancer returns after surgery or radiation therapy may soon benefit from a powerful new treatment that has been shown in clinical trials to reduce the risk of death by more than 40%.

Researchers tested a therapy that combines enzalutamide, an existing cancer drug, with standard hormone therapy. This approach significantly lowered death rates among men whose prostate cancer came back after initial treatment and who had few remaining options. The study findings were published in The New England Journal of Medicine (NEJM) and presented at the European Society for Medical Oncology Congress (ESMO) on Oct. 19 in Berlin.

"After initial treatment, some patients see their prostate cancer come back in an aggressive way and are at risk for their disease to spread quickly," said Stephen Freedland, MD, director of the Center for Integrated Research in Cancer and Lifestyle at Cedars-Sinai Cancer and co-principal investigator of the study. "Hormone therapy, which is what we've been offering patients for 30 years, has not improved survival and neither has anything else. That makes these findings a real game changer."

The international clinical trial followed more than 1,000 men from 244 medical centers across 17 countries. All participants had high-risk biochemically recurrent prostate cancer, a condition where prostate specific antigen (PSA) levels rise rapidly after surgery or radiation. PSA is a protein used to monitor prostate cancer activity, and a sharp increase after treatment often signals that the disease is likely to return and spread, often to the bones or spine.

"We know these patients are at high risk of developing metastatic disease and dying of their cancer unless we offer a meaningful treatment option," said Freedland, professor of Urology and the Warschaw, Robertson, Law Families Chair in Prostate Cancer.

A groundbreaking clinical trial has revealed that adding enzalutamide to standard hormone therapy can cut the risk of death by more than 40% in men whose prostate cancer returns after surgery or radiation.

Participants were randomly assigned to receive either hormone therapy alone, enzalutamide alone, or both together. After eight years of follow-up, those who received the combination therapy had a 40.3% lower risk of death compared to those in the other two groups, according to Freedland.

"This clinical trial, one of many that Cedars-Sinai Cancer has offered to its patients, is an example of the translational work being done by our physician-scientists," said Robert Figlin, MD, interim director of Cedars-Sinai Cancer. "The result will be improved treatment and better outcomes for patients everywhere."

Freedland added that enzalutamide is already approved by the Food and Drug Administration and included in National Comprehensive Cancer Network treatment guidelines based on earlier research by the same team. He said these new results will likely strengthen those recommendations and help establish the enzalutamide and hormone therapy combination as the new standard of care for patients with high-risk biochemically recurrent prostate cancer.

"These important findings identify a treatment that prolongs survival in men with aggressive prostate cancer," said Hyung Kim, MD, a urologic oncologist and chair of the Department of Urology at Cedars-Sinai. "The latest analysis complements previous studies that found enzalutamide significantly improved survival in other prostate cancer settings, and will change how we take care of our patients."

Funding: The study was sponsored by Pfizer Inc. and Astellas Pharma Inc., the co-developers of enzalutamide.

Disclosures: Stephen J. Freedland reports being a consultant to Astellas Pharma Inc., AstraZeneca, Bayer, Eli Lilly, Johnson & Johnson Innovative Medicine (formerly Janssen), Merck, Novartis, Pfizer Inc., Sanofi, Sumitomo Pharma America, Inc. (formerly Myovant Sciences, Inc.), and Tolmar.

October 19, 2025

Source:
Cedars-Sinai Medical Center
www.sciencedaily.com/
releases/2025/10/251019120507.htm

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Hidden weakness makes prostate cancer self-destruct

Scientists found a hidden flaw in prostate cancer's survival system.

Summary:
Researchers have discovered that prostate cancer depends on two key enzymes, PDIA1 and PDIA5, to survive and resist therapy. When blocked, these enzymes cause the androgen receptor to collapse, killing cancer cells and enhancing the effects of drugs like enzalutamide. They also disrupt the cancer's energy system, striking it on multiple fronts. This breakthrough could open a new path to overcoming drug resistance in advanced prostate cancer.

FULL STORY

Hidden Weak Spot May Help Defeat Prostate Cancer
Scientists have identified a major weakness in prostate cancer cells by uncovering two enzymes, PDIA1 and PDIA5, that help the disease survive and resist treatment. Blocking these enzymes destabilizes the androgen receptor, the main driver of prostate cancer, causing tumor shrinkage and cell death.

An international team of researchers has identified a new weakness in prostate cancer cells that could lead to more effective treatments for one of the most common cancers among men.

The study, published in the Proceedings of the National Academy of Sciences (PNAS), was led by scientists from Flinders University in Australia and South China University of Technology. Their findings highlight two enzymes, PDIA1 and PDIA5, that play a key role in helping prostate cancer cells grow, survive, and resist existing treatments.

Enzymes That Protect Cancer Cells

According to the researchers, PDIA1 and PDIA5 act like molecular bodyguards for the androgen receptor (AR), a protein that drives prostate cancer growth. When these enzymes are blocked, the AR loses stability and breaks apart, causing cancer cells to die and tumors to shrink in both lab cultures and animal models.

The team also discovered that combining drugs that inhibit PDIA1 and PDIA5 with enzalutamide, a standard medication for prostate cancer, made the treatment significantly more effective.

"We've discovered a previously unknown mechanism that prostate cancer cells use to protect the androgen receptor, which is a key driver of the disease," explains senior author Professor Luke Selth, Head of Prostate Cancer Research and Co-Director of the Flinders Health and Medical Research Institute's Cancer Impact program.

"By targeting these enzymes, we can destabilize the AR and make tumors more vulnerable to existing therapies like enzalutamide."

A Promising Combination Therapy

Lead author Professor Jianling Xie, who began the research at Flinders University, said the combination therapy worked well in both patient-derived tumor samples and mouse models, showing strong potential for clinical use.

"This is an exciting step forward," says Dr. Xie, now based at South China University of Technology. "Our findings show that PDIA1 and PDIA5 are not just helpers of cancer growth but they're also promising targets for new treatments that could work alongside existing drugs."

Disrupting Cancer's Energy Supply

The study also revealed that PDIA1 and PDIA5 do more than just protect the AR. They help cancer cells manage stress and maintain their energy production systems. When the enzymes are blocked, the mitochondria -- the cell's power generators -- become damaged, leading to oxidative stress that further weakens the cancer cells.

"This dual impact of hitting both the AR and the cancer's energy supply makes these enzymes especially attractive targets," adds Dr. Xie. "It's like cutting off both the fuel and the engine at the same time."

Professor Selth notes that while current PDIA1 and PDIA5 inhibitors are promising, they still need to be refined for patient use. Some existing compounds can affect healthy cells, so future studies will focus on designing safer and more selective versions.

Prostate cancer is the second most common cancer in men worldwide. Although treatments such as hormone therapy and AR-targeting drugs have greatly improved survival rates, resistance to these therapies remains a major challenge. This new discovery may help overcome that resistance and improve treatment options for men with advanced prostate cancer.

The research received support from Cancer Council SA, Cancer Council NSW, the Flinders Foundation, the Movember Foundation, the Prostate Cancer Foundation of Australia, The Hospital Research Foundation, Cancer Australia, Masonic Charities Trust, the Australian Research Council, and several international funding organizations.

Story Source:

Materials provided by Flinders University.

(Continued on page 5)

(Continued from page 4)
Note: Content may be edited for style and length.

Journal Reference:

Jianling Xie, Kaikai Shen, Wenken Liang, Zijian Kuang, Raj K. Shrestha, Adrienne R. Hanson, Scott L. Townley, Meiling He, Sishu Yu, Peiwen Zhou, Liangzhen Zhu, Zhiwen Gong, Xiang Ao, Sushma R. Rao, Qing Zhang, Kaijie Chen, Jinfen Wei, Shashikanth Marri, Marten F. Snel, Swati Irani, Liye Chen, Ling Wang, Daniel P. McDougal, John B. Bruning, Minglin Ou, Shaobo Wang, Christopher G. Proud, Hongli Du, Lisa M. Butler, Luke A. Selth. Protein disulfide isomerases regulate androgen receptor stability and promote prostate cancer cell growth and survival. Proceedings of the National Academy of Sciences, 2025; 122 (42) DOI: 10.1073/pnas.2509222122

Flinders University. "Hidden weakness makes prostate cancer self-destruct." ScienceDaily

November 10, 2025
Source: Flinders University

Source: www.sciencedaily.com/releases/2025/11/251110021056.htm

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Is MRI Alone Reliable for Prostate Cancer Monitoring?

TOPLINE:
In a cohort of US veterans with prostate cancer who were on active surveillance, negative multiparametric MRI had a 75% negative predictive value for ruling out disease of grade group 2 or higher at confirmatory biopsy and a corresponding value of 77% at surveillance biopsy, indicating that MRI alone missed a substantial portion of clinically significant cancers.

METHODOLOGY:
Active surveillance for favorable-risk prostate cancer commonly includes a confirmatory biopsy to detect under-sampled disease of a higher grade. Recent guidelines have proposed that multiparametric MRI might replace confirmatory biopsy, but data supporting its accuracy are limited.

Researchers analyzed data from 1901 US veterans diagnosed with grade group 1 or 2 prostate cancer between 2013 and 2023 who underwent MRI within 180 days prior to confirmatory and/or surveillance biopsy. They extracted clinical variables from the MRI and biopsy reports using natural language processing.

The primary outcome was prostate cancer of grade group 2 or higher on confirmatory or surveillance biopsy. A Prostate Imaging-Reporting and Data System (PI-RADS) score of 3 or higher on MRI was considered positive.

TAKEAWAY:
MRI showed negative predictive values of 75% at confirmatory biopsy and 77% at surveillance biopsy for detecting prostate cancer of grade group 2 or higher, indicating that MRI alone missed about one quarter of clinically significant cancers.
For patients with grade group 1 prostate cancer at diagnostic biopsy, the negative predictive value increased to 79% at both confirmatory and surveillance biopsies, whereas for those with grade group 2 prostate cancer at diagnostic biopsy, the negative predictive value was substantially lower.

Patients with a prostate-specific antigen density below 0.15 ng/mL2 had higher negative predictive values (confirmatory biopsy, 78%; surveillance biopsy, 83%); overall, negative predictive values were lower for Black patients than those for White patients.

MRI demonstrated better performance in ruling out prostate cancer of grade group 3 or higher, with negative predictive values exceeding 95% across multiple subgroups when PI-RADS scores of 3-5 were considered positive.

IN PRACTICE:
"While quality multiparametric MRI clearly can help guide prostate biopsies and improve diagnosis, our data confirm that relying on MRI as a surrogate for biopsy in AS [active surveillance] would result in underdiagnosis of clinically significant cancers — though we acknowledge few of these would likely be imminently life-threatening," the study authors wrote. They noted that improvements over PI-RADS scores are in the pipeline — but until then, "routine confirmatory testing for active surveillance should still include biopsy."

SOURCE:
The study, led by Matthew Cooperberg, MD, MPH, of the San Francisco Veterans Affairs Medical Center in San Francisco, was published online in JAMA Oncology.

LIMITATIONS:
MRI and biopsy decisions were made through routine clinical decision-making, potentially leading to selection bias as patients with negative MRI results may not have received a biopsy. Additionally, the researchers could not account for MRI quality or inter-reader variability in PI-RADS assignment.

DISCLOSURES:
The study was supported by the VA Office of Research Development, Cooperative Studies Program. Several authors reported receiving grants or personal fees and having other ties with various sources. Full disclosures are noted in the original article.

This article was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

Edited by Gargi Mukherjee

November 25, 2025

Source: www.medscape.com/viewarticle/mri-alone-reliable-prostate-cancer-monitoring-2025a1000wwa

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Generic Prostate Cancer Therapy Nears EU Approval

At its November 2025 meeting, the European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use recommended granting marketing authorization in the EU for Enzalutamide Accordpharma (Accord Healthcare) for the treatment of prostate cancer.

Enzalutamide Accordpharma is a generic and hybrid of Xtandi (enzalutamide, Astellas Pharma). The active substance is enzalutamide, a hormone antagonist that blocks several steps in the androgen receptor-signaling pathway. Xtandi has been authorized in the EU since 2013.

The EMA said that the medicine was submitted in a hybrid application, which relied in part on the results of preclinical tests and clinical trials of the already authorized reference product and in part on new data.

Increased Survival

Worldwide, prostate cancer is the fourth most common cancer and the second most common cancer in men.

The EMA said that studies had demonstrated the satisfactory quality of Enzalutamide Accordpharma and its bioequivalence to the reference product Xtandi.

Previous pivotal trials included the AFFIRM and the PREVAIL studies. In the AFFIRM study, the median overall survival for those receiving enzalutamide was 18.4 months compared with 13.6 months for those in the placebo group. In the PREVAIL study, the rate of radiographic progression-free survival at 12 months was 65% among patients treated with enzalutamide, compared with 14% among those receiving placebo. There was also a 29% reduction in the risk for death for those who received enzalutamide compared with those who received placebo.

Enzalutamide Accordpharma is indicated:

- ◊ As monotherapy or in combination with androgen deprivation therapy for the treatment of adult men with high-risk biochemical recurrent nonmetastatic hormone-sensitive prostate cancer who are unsuitable for salvage radiotherapy
- ◊ In combination with androgen deprivation therapy for the treatment of adult men with metastatic hormone-sensitive prostate cancer
- ◊ For the treatment of adult men with high-risk nonmetastatic castration-resistant prostate cancer
- ◊ For the treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated
- ◊ For the treatment of adult men with metastatic castration-resistant prostate cancer whose disease has progressed on or after docetaxel therapy

Enzalutamide Accordpharma will be available as 40-mg, 80-mg, and 160-mg film-coated tablets.

By Dr. Rob Hicks November 14, 2025

Rob Hicks is a retired National Health Service doctor. A well-known TV and radio broadcaster, he has written several books and has regularly contributed to national newspapers, magazines, and online publications. He is based in the United Kingdom.

Source: www.medscape.com/viewarticle/generic-prostate-cancer-therapy-nears-eu-approval-2025a1000vrm

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'Striking' new treatment for deadly prostate cancer could increase life expectancy

The new combination of drugs could increase life expectancy in what researchers called a 'striking' finding

A new combination of drugs could help delay the advancement of a deadly form of prostate cancer in those with an advanced form of the disease, new research has found.

The "striking" findings showed an overall upward trend in life expectancy when patients took niraparib - a targeted therapy that blocks cancer cells from repairing their DNA when damaged - alongside the standard abiraterone acetate and prednisone treatments.

One in four prostate cancer patients currently have "limited benefits" from standard hormone treatment due to a genetic mutation that can allow cancer cells to grow and mutate more rapidly, according to doctors at University College London (UCL).

In the study of 696 men across 32 countries, doctors found the new drug combination led to a 37 per cent reduction in the risk of cancer growth in all patients, and a 48 per cent reduction in a subgroup of patients with the genetic mutations.

Medics also found the time until symptoms got worse was twice as long for patients who received niraparib compared to those who received a placebo, reducing the number of patients who had notable worsening in symptoms from 34 per cent to 16 per cent.

Professor Gerhardt Attard, who led the study, said the new combination could "significantly prolong life expectancy" in patients with mutations in their homologous recombination repair (HRR) genes.

"Although current standard treatments are very effective for the majority of

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patients with advanced prostate cancer, a small but very significant proportion of patients have limited benefit," he said.

"We now know that prostate cancers with alterations in HRR genes account for a significant group of patients whose disease recurs quickly and has an aggressive course. By combining with niraparib, we can delay the cancer returning and hopefully significantly prolong life expectancy.

"These findings are striking because they support widespread genomic testing at diagnosis with use of a targeted treatment for patients who stand to derive the greatest benefit.

"For cancers with a mutation in one of the eligible HRR genes, where niraparib has been approved, a doctor should consider a discussion that balances the risks of side effects against the clear benefit to delaying disease growth and worsening symptoms."

Article edited for content

Nicole Wootton-Cane

Tuesday 07 October 2025

Source: www.independent.co.uk/news/health/new-treatment-prostate-cancer-life-expectancy-b2840009.html

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New therapeutic strategies show promise against a hard-to-treat prostate cancer

Researchers find mechanism that fosters development of neuroendocrine prostate cancer, identify a dual-drug treatment that slowed tumour growth in

A new study has uncovered promising therapeutic strategies against one of the deadliest forms of prostate cancer.

McGill University researchers at the Rosalind and Morris Goodman Cancer Institute (GCI) identified a mechanism driving neuroendocrine prostate cancer, a rare and highly aggressive subtype for which there currently are no effective treatment options.

Findings published in Genes & Development show that prostate tumours in mice became more aggressive when the protein ERRγ was lost, while restoring its production in human cancer cells reversed this effect.

Prostate cancer is the most commonly diagnosed cancer among men in Canada. Tumours that stop responding to hormone therapy evolve into neuroendocrine prostate cancer in about 15 per cent of patients, according to past research. After this shift, life expectancy typically falls below 18 months.

"Therapy resistance remains one of the biggest challenges in cancer treatment, and prostate cancer is no exception," said lead author Vincent Giguère, Professor in McGill's Department of Biochemistry and GCI researcher. "Our findings highlight ERRγ as a promising new therapeutic target."

Existing drugs show promise when ERRγ is lost

The researchers used advanced genetic and metabolic analysis to understand how losing ERRγ drives tumour growth. Their investigation revealed that two genes linked to cancer become overactive when ERRγ is missing.

As drugs that block these genes already exist for other cancers, the team tested two of them in mouse and human prostate cancer cells. When combined, the two drugs slowed the cancerous growth far more effectively than either drug alone.

"These findings have major clinical implications," said Giguère. "By targeting the genes that take over when ERRγ activity is low or lost, we open the door to new treatment strategies for patients who currently have few options."

Understanding why ERRγ function becomes impaired in the first place is still being investigated, he added.

Protein acts as brake on tumour progression

ERRγ, previously known for its role in energy metabolism, appears to act as a brake that prevents prostate cancer from advancing.

Preclinical findings led by first author Ting Li, a post-doctoral fellow in Giguère's lab, have revealed that neuroendocrine prostate cancers have much lower levels of ERRγ than other types of prostate tumours. Removing the protein in mice sped up tumour progression, while reactivating the protein in human prostate cancer cells reversed the process, confirming its protective effect.

About the study

"ERRγ impedes neuroendocrine prostate cancer development" by Ting Li and Vincent Giguère et al., was published in Genes & Development. The study was conducted in collaboration with Prof. Jin-Jian Lu of the University of Macau and supported by the Canadian Institutes of Health Research, the Terry Fox Research Institute, the Cancer Research Society, Fonds de Recherche du Québec – Santé and Défi Canderel.

Contact Information
Contact: Keila DePape
Organization: Media Relations, McGill University

20 November 2025

Source: www.mcgill.ca/newsroom/channels/news/new-therapeutic-strategies-show-promise-against-hard-treat-prostate-cancer-369105

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FUTURE MEETINGS

18 Feb. 2026: TBA

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18 Mar. 2026 : Dr. Jasmir Nayak

Advances in some aspects of prostate cancer therapy.

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